



POSTOPERATIVE INSTRUCTIONS: HIP ARTHROSCOPY

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WEIGHT BEARING

Immediately after surgery you will use crutches to walk foot flat touch down weight bearing, placing approximately 10-20 lbs through your surgical leg (as if you were walking on egg shells). You are encouraged to place this amount of weight on your leg- do NOT hold your leg completely off the ground. Physical therapy will help you wean off crutches when appropriate.

Crutches are the preferred walking aid. If for some reason you feel you will need to use a walker or wheelchair following surgery, please discuss this with your PT/ATC at your first rehabilitation visit.

MOVEMENT

Immediately after surgery your motion will be **limited to 90 degrees of hip flexion** (ie, sitting in a chair is 90 degrees). You may not reach forward to your feet, put on shoes/socks, etc for the first 7 days. Only move your hip within a pain-free range of motion. Depending on your surgery, you may have additional motion restrictions which will be reviewed with you at your rehabilitation appointment.

We encourage you start riding a stationary bike the day of surgery for 15-20 minutes with the seat elevated so your hip does not flex greater than 90 degrees. Do not use any resistance. This is meant to move your leg to help prevent stiffness in your hip, not meant to be a work-out. If you were given a continuous passive motion (CPM) machine, you may begin to use it the day of surgery and will be given instructions on how to do so. Passive hip "pendulum" exercises that were shown to you can also be implemented to reduce stiffness.

Getting in and out of the car to attend appointments may be challenging. The nurses at the surgery center have undergone extensive training to learn how to get you in the car and home safely. If you have any further questions about how to perform certain maneuvers, please discuss with your PT/ATC.

REHABILITATION

Rehabilitation is extremely important to the success of your surgery. It is essential that you remain compliant with your rehabilitation. A detailed protocol will be provided to your PT/ATC. Therapy will begin prior to surgery at a "pre-rehabilitation" appointment devoted primarily to education. Your first postoperative visit will be scheduled for 1-2 days after surgery, and then visit frequency will taper over the course of 4-6 months. Aquatic therapy is a valuable adjunct to therapy that may be incorporated into your rehabilitation after 2 weeks.

BRACE

You may be required to wear a leg/hip positioner at night while you sleep for the first 7 nights after your surgery. This will prevent your leg from turning or moving out to the side excessively.

ICE

Cryotherapy (ice) can help decrease postoperative swelling and pain after surgery. An ice machine may be provided to you. A suitable alternative is to use well-sealed bags of crushed ice or frozen peas.

MEDICATIONS

IF a regional anesthetic nerve block is placed prior to surgery, begin taking the **pain medication** (e.g. Vicodin, Percocet, etc) as directed, as soon as sensation starts to return in your operative leg. This will prevent you from having severe rebound pain. One day after surgery you will begin taking an NSAID (Naprosyn, Indomethacin, Ibuprofen, etc). The purpose of this medication is to prevent bone re-growth or “heterotopic bone” formation in the region of your surgery. You may also be prescribed an antacid to prevent stomach upset. The specifics of this regimen will be provided to you either before your surgery at your pre-operative appointment, or on the day of surgery. When you are taking this medication, you should not take additional NSAIDs.

SLEEPING

A **sleeping medication** (e.g. Ambien) may be provided to help you sleep at night. Take one tablet 30 minutes before you plan to sleep as needed.

You may not sleep on your stomach or on either side for the first week, as you will be in the night splint. However, throughout the day you are encouraged to frequently lie flat on your stomach for at least 2-4 hours. This will help prevent contracture and tightness of the hip flexor muscle-tendon tissues.

DRESSING/BANDAGES

Keep your surgical dressing clean and dry. Your bandage will be changed or removed at your first rehabilitation visit (1-2 days after surgery).

Your stitches will be removed 7-10 days after surgery. Do not take a bath or submerge your hip in water until your incisions are checked at your first post-op visit and your surgeon clears you to do so.

DRIVING

If your left leg was operated on and you have discontinued taking pain medication, you may drive when cleared to do so by your PT/ATC. If your right leg is the operative side or you drive a standard transmission, you must have good control of your leg and muscular endurance prior to driving (3-6 weeks). For certain procedures you may not be able to drive for as long as 8-10 weeks.

RETURN TO WORK

Return to work/school will vary from patient to patient, but most patients can return to work/school 2 weeks after surgery. Keep in mind, you will likely still have driving restrictions and be using crutches. You also will be discouraged from prolonged sitting.

Specific instructions/precautions will be reviewed with you immediately after your surgery and/or at your first rehabilitation appointment.

APPOINTMENTS Please call the office prior to your surgery in order to schedule the following:

1. **First postoperative physician follow-up.** This should be scheduled for 10-14 days after surgery.
2. **Rehabilitation** visits.

You should attend at least 1 pre-operative rehabilitation appointment with the rehab. The purpose of this visit is largely educational. Expectations following surgery will be discussed as well as overall goals, objectives, and proper crutch use. This will enable you to immediately begin necessary postoperative rehabilitation without delay after surgery.

If you live out of town and will not be performing post-operative rehabilitation with our Hip Team, you should have visits scheduled with our Hip Team on the days you return for follow-ups with your surgeon. .

If you have any questions or concerns, please contact my office.

About your medications from today

- Prescription information provided from onsite pharmacy.
- Prescription information given to patient and/or patient representative, prescription not filled at onsite pharmacy.